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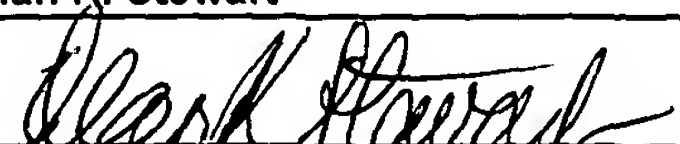


PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                    |                                                                                                                                                                                                        |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                    | Attorney Docket No. <b>TI-36483</b>                                                                                                                                                                    |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                    | First Inventor <b>Jar slav Hyn cek</b>                                                                                                                                                                 |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                    | Title <b>Clocked Barrier Virtual Phase Charge Coupled Device Image Sensor</b>                                                                                                                          |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                    | Express Mail Label No. <b>EV334469238US</b>                                                                                                                                                            |                        |
| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                    | <b>ADDRESS TO:</b><br>Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231                                                                                             |                        |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><small>(Submit an original, and a duplicate for fee processing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program (Appendix)                                                             | <div style="writing-mode: vertical-rl; transform: rotate(180deg);">22151 U.S. PTO<br/>10/633993<br/>08/04/03</div>  |                        |
| 2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 8. Nucleotide and/or Amino Acid Sequence Submission<br><small>(if applicable, all necessary)</small>                                                               |                                                                                                                                                                                                        |                        |
| 3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[ Total Pages <b>22</b> ]</span><br><small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"><li>- Descriptive title of the Invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>                                                                                                                                                                                                                                                                                                                                                                        | a. <input type="checkbox"/> Computer Readable Form (CRF)                                                                                                           |                                                                                                                                                                                                        |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | b. Specification Sequence Listing on:                                                                                                                              |                                                                                                                                                                                                        |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or                                                                                                          |                                                                                                                                                                                                        |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ii. <input type="checkbox"/> paper                                                                                                                                 |                                                                                                                                                                                                        |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | c. <input type="checkbox"/> Statements verifying identity of above copies                                                                                          |                                                                                                                                                                                                        |                        |
| <b>ACCOMPANYING APPLICATION PARTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                    |                                                                                                                                                                                                        |                        |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[ Total Sheets <b>7</b> ]</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s))                                                                                         |                                                                                                                                                                                                        |                        |
| 5. Oath or Declaration unsigned <span style="float: right;">[ Total Pages <b>1</b> ]</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney<br><small>(when there is an assignee)</small>          |                                                                                                                                                                                                        |                        |
| a. <input checked="" type="checkbox"/> Newly Executed (original or copy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 11. <input type="checkbox"/> English Translation Document (if applicable)                                                                                          |                                                                                                                                                                                                        |                        |
| b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br><small>(for continuation/divisional with Box 18 completed)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations                                      |                                                                                                                                                                                                        |                        |
| i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 13. <input type="checkbox"/> Preliminary Amendment                                                                                                                 |                                                                                                                                                                                                        |                        |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><small>(Should be specifically itemized)</small>                                     |                                                                                                                                                                                                        |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><small>(if foreign priority is claimed)</small>                                             |                                                                                                                                                                                                        |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122<br><small>(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</small> |                                                                                                                                                                                                        |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 17. <input type="checkbox"/> Other:                                                                                                                                |                                                                                                                                                                                                        |                        |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:<br><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)</div><div>of prior application No: _____ / _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Prior application information: Examiner _____</div><div>Group / Art Unit: _____</div></div> <p><b>For CONTINUATION OR DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p> |                                                                                                                                                                    |                                                                                                                                                                                                        |                        |
| <b>19. CORRESPONDENCE ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                    |                                                                                                                                                                                                        |                        |
| <input type="checkbox"/> Customer Number or Bar Code Label <span style="float: right;"><b>23494</b><br/><small>(Insert Customer No. or Attach bar code label here)</small></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                    | or <input checked="" type="checkbox"/> Correspondence address below                                                                                                                                    |                        |
| NAME <b>Texas Instruments Incorporated</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                    |                                                                                                                                                                                                        |                        |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                    |                                                                                                                                                                                                        |                        |
| CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STATE <b>TX</b>                                                                                                                                                    | ZIP CODE                                                                                                                                                                                               |                        |
| COUNTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TELEPHONE <b>(972) 917-5466</b>                                                                                                                                    | FAX                                                                                                                                                                                                    | <b>(972) 917-4418</b>  |
| Name (Print/Type) <b>Alan K. Stewart</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                    | Registration No. (Attorney/Agent)                                                                                                                                                                      | Reg. No. <b>35,373</b> |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                    | Date                                                                                                                                                                                                   | <b>8/4/03</b>          |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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**FEE TRANSMITTAL**

for FY 2003

Express Mailing Label No.: EV334469238US

TOTAL AMOUNT OF PAYMENT

(\$ 750.00)

Complete If Known

Application Number

TBD

Filing Date

Herewith

First Named Inventor

Jar slav Hyncek

Examiner Name

TBD

Group / Art Unit

TBD

Attorney Docket No.

TI-36483

**METHOD OF PAYMENT**

- 1.
- ☒
- The Commissioner is hereby authorized to charge to the following Deposit Account,

Deposit Account Number

20-0668

Deposit Account Name

Texas Instruments Incorporated

- ☒
- Charge any additional fee required or credit any overpayment

- ☐
- Charge all indicated fees and any additional fee required or credit any overpayment

- 2.
- ☐
- Payment Enclosed:

☐

Check

☐

Money Order

☐

Other

**FEE CALCULATION****1. BASIC FILING FEE**

| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description        | Fee Paid |
|----------------|-----------------|----------------|-----------------|------------------------|----------|
| 1001           | 750             | 2001           | 370             | Utility filing fee     | \$750    |
| 1002           | 330             | 2002           | 165             | Design filing fee      | \$       |
| 1003           | 510             | 2003           | 255             | Plant filing fee       | \$       |
| 1004           | 740             | 2004           | 370             | Reissue filing fee     | \$       |
| 1005           | 160             | 2005           | 80              | Provisional filing fee | \$       |

SUBTOTAL (1)

(\$750)

**2. EXTRA CLAIM FEES**

|                    | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| Total Claims       | 20           | -20**= 0       | x 18 = 0 |
| Independent Claims | 3            | -3**= 0        | x 84 = 0 |
| Multiple Dependent |              | 260            | =        |

\*\*or number previously paid, if greater; For Reissue, see below

| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description                                           |
|----------------|-----------------|----------------|-----------------|-----------------------------------------------------------|
| 1202           | 18              | 2202           | 9               | Claims in excess of 20                                    |
| 1201           | 84              | 2201           | 42              | Independent Claims in excess of 3                         |
| 1203           | 280             | 2203           | 140             | Multiple dependent claims in excess of 3                  |
| 1204           | 84              | 2204           | 42              | **Reissue independent claims over original patent         |
| 1205           | 18              | 2205           | 9               | **Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2)

(\$0)

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description                                                           | Fee Paid |
|----------------|-----------------|----------------|-----------------|---------------------------------------------------------------------------|----------|
| 1051           | 130             | 2051           | 65              | Surcharge - late filing fee                                               |          |
| 1052           | 50              | 2052           | 25              | Surcharge - late provisional filing fee or cover sheet.                   |          |
| 1053           | 130             | 1053           | 130             | Non-English specification                                                 |          |
| 1812           | 2,520           | 1812           | 2,520           | For filing a request for reexamination                                    |          |
| 1804           | 920*            | 1804           | 920*            | Requesting publication of SIR prior to Examiner action                    |          |
| 1805           | 1,840*          | 1805           | 1,840*          | Requesting publication of SIR after Examiner action                       |          |
| 1251           | 110             | 2251           | 55              | Extension for reply within first month                                    |          |
| 1252           | 400             | 2252           | 200             | Extension of time within second month                                     |          |
| 1253           | 920             | 2253           | 460             | Extension of time within third month                                      |          |
| 1254           | 1,440           | 2254           | 720             | Extension of time within fourth month                                     |          |
| 1255           | 1,960           | 2255           | 980             | Extension of time within fifth month                                      |          |
| 1401           | 320             | 2401           | 160             | Notice of Appeal                                                          |          |
| 1402           | 320             | 2402           | 160             | Filing a brief in support of an appeal                                    |          |
| 1403           | 280             | 2403           | 140             | Request for oral hearing                                                  |          |
| 1451           | 1,510           | 1451           | 1,510           | Petition to institute a public use proceeding                             |          |
| 1452           | 110             | 2452           | 55              | Petition to revive - unavoidable                                          |          |
| 1453           | 1,280           | 2453           | 640             | Petition to revive - unintentional                                        |          |
| 1501           | 1,280           | 2501           | 640             | Utility issue fee (or reissue)                                            |          |
| 1502           | 460             | 2502           | 230             | Design issue fee                                                          |          |
| 1503           | 620             | 2503           | 310             | Plant issue fee                                                           |          |
| 1460           | 130             | 1460           | 130             | Petitions to the Commissioner                                             |          |
| 1801           | 740             | 2801           | 370             | Request for Continued Examination (RCE)                                   |          |
| 1806           | 180             | 1806           | 180             | Submission of Information Disclosure Stmt.                                |          |
| 8021           | 40              | 8021           | 40              | Recording each patent assignment per properly (time number of properties) |          |
| 1809           | 740             | 2809           | 370             | Filing a submission after final rejection (37 CFR 1.129(a))               |          |
| 1810           | 740             | 2801           | 370             | For each additional invention to be examined (37 CFR 1.129(b))            |          |

Other fee (specify)

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

0

SUBMITTED BY

Typed or Printed Name

Alan K. Stewart

Signature

Date

4/4/03

Complete (if applicable)

Reg. Number

35,373

Deposit Account User ID